

4-4 59

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43000

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 1791

Primary Registration District No. 10081

(No. *St. Mary's Infirmary*)

File No.

Registered No. *4* 38

St. Ward)

2. FULL NAME *Edward Howard*

(a) Residence, No. *1226 Dillon St.*, *22* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Martha Howard* (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4 - 1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *52* *8* *26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chef*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *13*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *9*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

13. NAME *Ray*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Howard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT *Sister Mary* (ADDRESS) *St. Mary's Infirmary*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *January 2, 1931*

19. UNDERTAKER *J. H. Gibson & Co. Ch.* (ADDRESS) *204 1/2 Harrison St.*

20. FILED *JAN - 2 1931* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12 - 30*, 1931

22. I HEREBY CERTIFY, That I attended deceased from *12/19*, 1931, to *12/30*, 1931

I last saw him alive on *12/28/31*, 1931. Death is said

to have occurred on the date stated above, at *12:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis
Cardiac dilatation
General anasarca

Date of onset

Other contributory causes of importance: *131*

Name of operation..... Date of.....

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *R. L. Lange*, M. D.

(Address) *1536 Papin*

~~Handwritten signature or initials~~